



State of Nebraska

NEBRASKA EQUAL OPPORTUNITY COMMISSION

Ms. Susan Napolitano
Berry Law Firm
6940 O St Ste 400
Lincoln, NE 68510

March 28, 2019

BERRY LAW FIRM

APR 01 2019

RE: NEB 1-18/19-3-50340-RS
EEOC 32E-2019-00355
Krei vs. NE/Health and Human Services, Department of
Nebraska Fair Employment Practice Act

Dear Ms. Napolitano:

This letter is to acknowledge your client's charge filed in our office on March 21, 2019. The Nebraska Equal Opportunity Commission (NEOC) has served a copy of your client's charge on the Respondent.

The EEOC is conducting the initial investigation into the above referenced charge. The EEOC will forward to the NEOC its decision when the investigation is concluded and the NEOC will adopt their decision. Please forward any inquiries regarding the investigation to the EEOC at 1222 Spruce St., Rm. 8.100, St. Louis, Missouri, 63103. Their phone number is 314-539-7800.

On behalf of the Commission,

Andrea Berry
EOC Investigator III
Enclosures

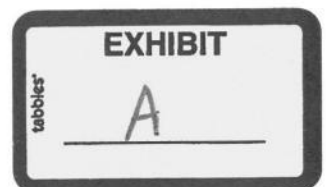
MAIN OFFICE:

301 Centennial Mall, South ☐
PO Box 94934
Lincoln, NE 68509-4934
Phone: 402-471-2024
Fax: 402-471-4059
800-642-6112
www.NEOC.nebraska.gov

BRANCH OFFICES:

1313 Farnam-on-the-Mall ☐
Omaha, NE 68102-1836
Phone: 402-595-2028
Fax: 402-595-1205
800-382-7820

505A Broadway Suite 600 ☐
Scottsbluff, NE 69361-3515
Phone: 308-632-1340
Fax: 308-632-1341
800-830-8633



CHARGE OF DISCRIMINATION		AGENCY	CHARGE NUMBER							
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		<input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	NEB 1-18/19-3-50340-RS 32E-2019-00355							
Nebraska Equal Opportunity Commission and EEOC			DATE RECEIVED BY NEOC							
			RECEIVED NEOC							
NAME (indicate Mr., Ms., Mrs.)		HOME TELEPHONE		MAR 21 2019 LINCOLN OFFICE						
Ms. Kadence W. Krei a/k/a Kalem W. Krei		(402) 466-0770								
STREET ADDRESS	CITY, STATE AND ZIP CODE	DATE OF BIRTH								
1011 K Street Apt #202	Fairbury NE 68532	4/20/1995								
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)										
NAME		NUMBER OF EMPLOYEES, MEMBERS		TELEPHONE						
NE/Health and Human Services, Department of		More than 500 Employees		(402) 471-3121						
STREET ADDRESS		CITY, STATE AND ZIP CODE		COUNTY						
PO Box 95026		Lincoln NE 68509-5026		Gage						
NAME		NUMBER OF EMPLOYEES, MEMBERS		TELEPHONE						
STREET ADDRESS		CITY, STATE AND ZIP CODE		COUNTY						
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))			DATE DISCRIMINATION TOOK PLACE							
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION			<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; font-size: small;">EARLIEST</td> <td style="text-align: center; font-size: small;">LATEST</td> </tr> <tr> <td style="text-align: center;">5/1/2018</td> <td style="text-align: center;">2/2/2019</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">[] CONTINUING ACTION</td> </tr> </table>		EARLIEST	LATEST	5/1/2018	2/2/2019	[] CONTINUING ACTION	
EARLIEST	LATEST									
5/1/2018	2/2/2019									
[] CONTINUING ACTION										
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):										
<p>I. I am Female. I was hired by Respondent in May 2018, and worked at the Beatrice State Developmental Center, most recently as a Developmental Technician II. Due to my sex and gender non-conforming appearance and behavior, and/or for transitioning from one gender to another and/or for being a transgender individual, I was harassed and denied insurance benefits. Due to this treatment, I felt compelled to resign.</p> <p>II. I believe that I have been discriminated against on the basis of sex, female, and gender non-conforming appearance and behavior, and/or for transitioning from one gender to another and/or for being a transgender individual, in violation of Title VII of the Civil Rights Act of 1964, as amended, and Section 48-1104 of the Nebraska Fair Employment Practice Act, in that:</p> <p>1. The Respondent was aware that I am transgender. From the start of my employment, I was harassed by the Developmental Technical Shift Supervisor (Name Unknown-NUK, Female) and other coworkers when they would misgender me, by calling me 'he' and 'him.' This occurred constantly until June 2018, when I complained about this treatment to Human Resources.</p> <p>2. Beginning in or about July 2018, I was denied insurance benefits. My doctor approved me for a procedure necessary to treat my diagnosed gender dysphoria and submitted the procedure to my insurance carrier, and the procedure was denied. I asked Human Resources how to appeal the decision, and was directed to the Department of Administrative Services. I appealed the decision directly to United Health Care. In October 2018, my appeal was denied, and United Health Care informed me my appeal was denied because Respondent and the State of Nebraska specifically excluded all treatment related to sex transformation operations and related services from their healthcare plan.</p>										

Continued on Page 2

Kadence W. Krei a/k/a Kalem W. Krei vs. NE/Health and Human Services, Department of
Page 2

3. In December 2018, Human Resources did an employee appreciation activity wherein they printed out employee names on candy canes. For mine, instead of using my preferred female name on it, they instead had named me, by putting my male name on the candy cane. In January 2019, I met with Beth (Last Name Unknown-LNUK, Female) and Carrie (LNUK, Female) in Human Resources, and requested that for events/activities like this in the future, Respondent use my female name. Beth denied this request, and told me my name was on some kind of seniority list, and so they couldn't change it because it would affect my medication signing abilities. While I did sign for medication using my male name, I only did so because I was required by statute to use my legal name, and I believe Respondent should have been able to use my preferred name for internal employee appreciation activities. In the same meeting, Beth asking me how to pronounce my legal name. I told her she didn't need to know that because I didn't go by that name, and Beth stated that the Respondent was going to use my male name on anything Respondent would be sending out to me. Respondent then continued to call me by my male name, despite my request for them not to do so.

4. Due to this treatment, I felt compelled to resign my employment on February 2, 2019. When I turned in my resignation to my direct Supervisor, Karen Engleman, I told her I was resigning due to the discrimination that had been occurring.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

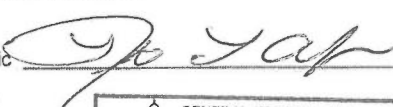
I swear or affirm that I have read the above and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

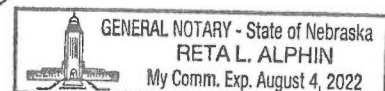
x 

State of Nebraska County of Lancaster

On this, the 21st day of March, 2019.
The Complainant appeared before me, known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument, and acknowledged that they executed the same for the purposes therein contained.

Notary Public 

Notary Seal



EEOC FORM 131-A (11/09)

U.S. Equal Employment Opportunity Commission

NE/Health and Human Services, Department of PO Box 95026 Lincoln, NE 68509-5026	PERSON FILING CHARGE
	Kadence W. Krei a/k/a Kalem W. Krei
	THIS PERSON (check one or both) <input checked="" type="checkbox"/> Claims To Be Aggrieved <input type="checkbox"/> Is Filing on Behalf of Other(s)
	EEOC CHARGE NO. 32E-2019-00355
FEPA CHARGE NO. 1-18/19-3-50340-RS	

NOTICE OF CHARGE OF DISCRIMINATION IN JURISDICTION WHERE A FEP AGENCY WILL INITIALLY PROCESS

(See the enclosed for additional information)

THIS IS NOTICE THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- ☒ Title VII of the Civil Rights Act (Title VII)
 ☐ The Equal Pay Act (EPA)
 ☐ The Americans with Disabilities Act (ADA)
 ☐ The Age Discrimination in Employment Act (ADEA)
 ☐ The Genetic Information Nondiscrimination Act (GINA)

HAS BEEN RECEIVED BY

- ☐ The EEOC and sent for initial processing to _____
 (FEP Agency)
- ☒ The **Nebraska Equal Opportunity Commission** and sent to EEOC for dual filing purposes.
 (FEP Agency)

While EEOC has jurisdiction (upon expiration of any deferral requirement if this is a Title VII, ADA or GINA charge) to investigate this charge, EEOC may suspend its investigation and await the issuance of the Agency's final findings and orders. These findings and orders will be given weight by EEOC in making its own determination as to whether reasonable cause exists to believe that discrimination has occurred.

You are therefore encouraged to cooperate fully with the Agency. All facts and evidence provided by you to the Agency will be considered by EEOC when it reviews the Agency's final findings and orders. In many cases EEOC will take no further action, thereby avoiding the necessity of an investigation by both the Agency and EEOC. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final findings and orders of the above-named Agency. For such a request to be honored, you must notify EEOC in writing within 15 days of your receipt of the Agency's final decision and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by EEOC. Regardless of whether the Agency or EEOC processes the charge, the Recordkeeping and Non-Retaliation provisions of the statutes as explained in the enclosed information sheet apply.

For further correspondence on this matter, please use the charge number(s) shown above.

Enclosure(s): Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

- ☐ Race
 ☐ Color
 ☒ Sex
 ☐ Religion
 ☐ National Origin
 ☐ Age
 ☐ Disability
 ☐ Retaliation
 ☐ Genetic Information
 ☐ Other

See enclosed copy of charge of discrimination.

Date	Name / Title of Authorized Official	Signature
March 28, 2019	Lloyd Jack Vazquez, Acting District Director	